

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000092922 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	 	

LLC REGISTERED AGENT CHANGE ACME AUTO TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

O SIMMONS

MAR 26 2020

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Florida. Acme a	uto transport llc
2220 NEWBUDY DD	(b) 2328 NEWBURY DR.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
WELLINGTON, FL 33414	WELLINGTON, FL 33414
03/21/18	L18000073031
3. Date of filing/registration in Florida	4. Document number
UNITED STATES CORPORATION AGEN	NTS, INC.
5. (a) Registered Agent and Registered Office shown on the records	S of the Florida Dept. of State:
13302 Winding Oak Court	R 2
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)
A	
Tampa	NTS. INC. Sof the Florida Dept. of State: ET ADDRESS) FL 33612
Registered Agents Inc.	
(b) Enter name of NEW Registered Agent and/or NEW Register	ered Office address:
7901 4th St N	
NEW Registered Office Address:	
STE 300	
312 333	
St. Petersburg	. FL_33702
the change or changes are made, the Florida street address	
Signature of a member or authorized representative of a member	Riley Park Printed or typed name of signee
Signature of a member or authorized representative of a member	
provisions of all statutes relative to the proper and comp the obligations of my position as registered agent as pro to merely reflect a change in the registered office addres notified in writing of this change.	I agree to act in this capacity. I further agree to comply with the blete performance of my duties, and I am familiar with and accept vided for in Chapter 605, F.S. Or. if this document is being filed is. I hereby confirm that the limited liability company has been stant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

. .